LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2002 8:00 am
Secretary of State
05-12-2002 90577 049 ****50.00

DOCUMENT # L01000007537

1. Entity Name
LA PERLA DISTRIBUTORS, LLC.

DO NOT WRITE IN THIS SPACE

94614

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
9200 E Bay Harbour Dr.		9200 E Bay Harbour Dr.	
Suite, Apt. #, etc. 16		Suite, Apt. #, etc. 16	
City & State Miami, FL		City & State Miami, FL	
Zip 33154	Country USA	Zip 33154	Country USA

4. FEI Number 65-1109380 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Carlos Blanco

Street Address (P.O. Box Number is Not Acceptable): 1705 SW 83rd Court

City: Miami **FL** Zip Code: 33155-1156

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ 6/10/2002
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	Manager
NAME	Roberto Alvarez
STREET ADDRESS	9200 E Bay Harbour Dr. #16
CITY-ST-ZIP	Miami, FL 33154
TITLE	Manager
NAME	Maria M. Serna
STREET ADDRESS	9200 E Bay Harbour Dr. #16
CITY-ST-ZIP	Miami, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: x Roberto Alvarez 6/10/2002 3058678052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

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Attachment

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9200 E Bay Harbour Dr		9200 E Bay Harbour Dr	
Suite, Apt. #, etc.: #16		Suite, Apt. #, etc.: #16	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33154	Country: US	Zip: 33154	Country: US

4. FEI Number: 651109380 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: CORPORATE CREATIONS NETWORK INC

Street Address (P.O. Box Number is Not Acceptable): 941 FOURTH STREET #200

City: Miami Beach FL Zip Code: 33139

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ____________________ DATE ______

Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	TITLE	
NAME	ROBERTO ALVAREZ RESTREPO	NAME	
STREET ADDRESS	9200 E Bay Harbour Dr #16	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL, 33154	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	MARIA MARLENY SERNA VASQUEZ	NAME	
STREET ADDRESS	9200 E BAY HARBOUR DR #16	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL, 33154	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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SIGNATURE: Roberto Alvarez Restrepo [signature] 05/01/02 305 8678050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #